IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

			RESPONSE UNDER	
In re Patent Application of	Atty Dkt.	BJS-1721-116	EXPEDITED HANDLING PRO	CEDURES
	DKI.	C# M#		
LEMESRE ET AL.	TC/A.U.	1645		
Serial No. 10/579,749	Examiner:	DUFFY, Patricia	a Ann	
Filed: May 18, 2006	Date:	February 22, 20	10	
Title: NOVEL AGENTS FOR THE PREVENT	ION OF LEISHN	MANIOSIS		
Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450				
Sir:				
	above-identifie		l includes an attachment which is her	
☐ Correspondence Address Indi	cation Forn	n Attached.		
Fees are attached as calculated below: Total effective claims after amendment previously paid for 20 (at least 2)		highest number x \$52.00	\$0.00 (1202)/\$0.00 (2202) \$	0.00
Independent claims after amendment	,	highest number	ψ0.00 (1202)/ψ0.00 (2202) ψ	0.00
previously paid for 3 (at least 3)		x \$220.00	\$0.00 (1201)/\$0.00 (2201) \$	0.00
If proper multiple dependent claims now ac	lded for first tin	ne, (ignore impro	per); add	
Petition is hereby made to extend the curre paper and attachment(s)	One Two M Three M Four	e Month Extension Month Extensions onth Extensions Month Extension	\$390.00 (1203)/\$195.00 (2203) \$ filing date of this n \$130.00 (1251)/\$65.00 (2251) \$490.00 (1252)/\$245.00 (2252) \$1110.00 (1253/\$555.00 (2253) s \$1730.00 (1254/\$865.00 (2254) \$2350.00 (1255/\$1175.00 (2255) \$	0.00
Terminal disclaimer enclosed, add			\$140.00 (1814)/ \$70.00 (2814) \$	0.00
Applicant claims "small entity" status.	☐ Statemer	nt filed herewith		
Rule 56 Information Disclosure Statement	Filing Fee		\$180.00 (1806) \$	0.00
Assignment Recording Fee			\$40.00 (8021) \$	0.00
Other:			\$	0.00
			RONICALLY BY CREDIT CARD \$	130.00
☐ CREDIT CARD PAYMENT F	ORM ATTA	CHED.		
The Commissioner is hereby authorized to asserted to be filed, or which should have b firm) to our Account No. 14-1140.				
901 North Glebe Road, 11 th Floor Arlington, Virginia 22203-1808 Telephone: (703) 816-4000 Facsimile: (703) 816-4100	By A	•	, Reg. No. 36,663	
BJS:pp	Sigr	nature:	/B. J. Sadoff/	

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